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CONFIRMATION NO. 2870

SERIAL NUMBER 10/530,246	FILING OR 371(c) DATE 08/08/2005 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 007184-22
APPLICANTS Eric Hollander, Mamoroneck, NY;				
** CONTINUING DATA ***** This application is a 371 of PCT/US03/31493 10/03/2003 which claims benefit of 60/415,837 10/03/2002				
** FOREIGN APPLICATIONS ***** <div style="text-align: center;">** SMALL ENTITY **</div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 31
				INDEPENDENT CLAIMS 6
ADDRESS 36234				
TITLE Treatment of autism and similar disorders				
FILING FEE RECEIVED 940	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	